CLAY COUNTY CIRCUIT COURT
SEVENTH JUDICIAL CIRCUIT, STATE OF MISSOURI

ADA TITLE II ACCOMMODATION REQUEST FORM

1. Date request submitted _____
2. Name of Person needing accommodations _____
   Are you (please check one) ☐Plaintiff/Petitioner ☐Defendant/Respondent ☐Witness ☐Juror
   ☐Victim ☐Attorney ☐Other (please specify) _____ _
3. Contact information for the person needing accommodation

Street _____ City_____
State_____ Zip_____ Telephone Number (include area code) _____
Email Address_____

4. Name of Person making request (if other than the person needing the accommodation)
   _____
   Street _____ City_____
   State_____ Zip_____
   Telephone Number (include area code) _____
   Email Address_____
   Relationship to person needing accommodation _____

5. Style of Case (i.e., John Brown vs. Joan Doe) _____
   Case Number_____
   Date accommodation needed_____
   Time accommodation needed_____
   Location accommodation needed at _____
   Duration for which the accommodation is requested_____

6. Nature of disability that necessitates accommodation

7. Accommodation requested

If you are unsure about the accommodation you need, describe how your disability affects you. Example, "I may have a problem understanding the proceedings and remembering information, due to a stroke. I may need more explanation or extra time to answer questions." NOTE: If you are involved in more than one court case, you must submit a separate Accommodation Request Form for each case.